

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 22, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Kabredlo's, 3500 North 48th Street requesting a class D liquor license.

Andrew Maxey has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Andrew Maxey was born in Omaha, Nebraska. He attended Central High School graduating in 2002.

Andrew Maxey employment history is as follows:

2004 - Present	Manager, Kabredlo's	Omaha/Lincoln, NE.
2003 - 2004	Manager, B & R Stores	Lincoln, NE.
1999 - 2002	Clerk, Bakers Supermarket	Omaha, NE.

The required training will be completed on August 13, 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45 days = 8/28/09

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

Application Fee

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>		Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

Application Fee

Bond Required

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O	Boat	\$ 95.00	none
<input type="checkbox"/>	V	Manufacturer		
<input type="checkbox"/>		Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Brett Walrath Phone number: (402) 742-9148

Firm Name Kabredlo's Inc.

PREMISE INFORMATION

Trade Name (doing business as) Kabredlo's #107

Street Address #1 3500 North 48th Street

✓ Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68504

Premise Telephone number (402) 464-6885

Is this location inside the city/village corporate limits:



YES

city



NO

Mail address (where you want receipt of mail from the commission)

Name Kabredlo's Inc.

Street Address #1 2601 West L Street, Suite A

✓ Street Address #2 _____

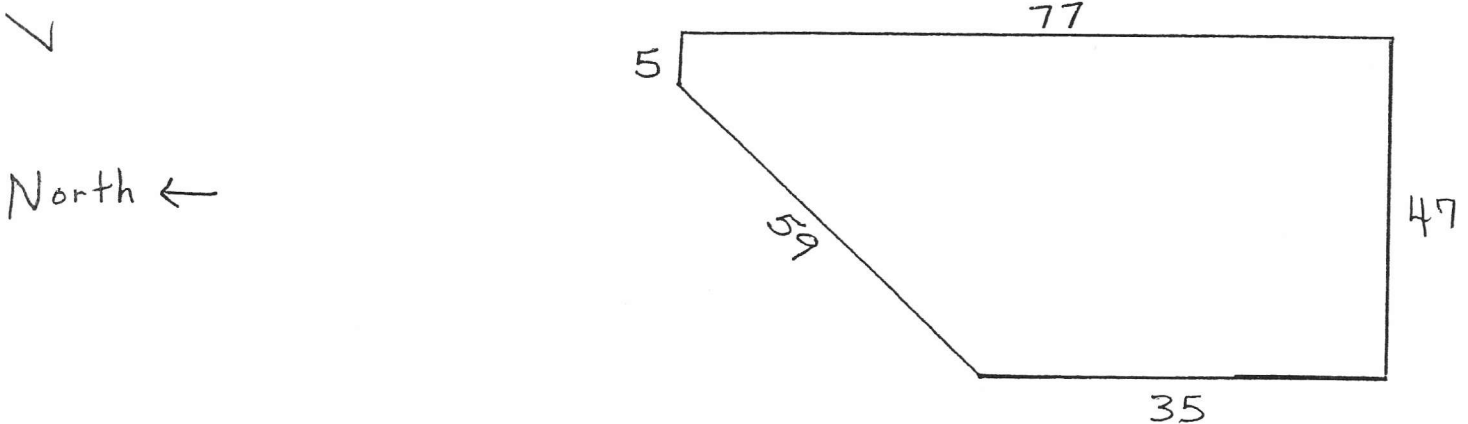
City Lincoln State Nebraska Zip Code 68522

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

No Basement - One Story Building



North 48th Street

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Mark Olderbak had a misdemeanor of 09/15/98 for unnumbered motorboat.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

✓ ☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

✓ ☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

✓ Security First Bank, 5710 S. 53 Street, Lincoln, NE 68516. Michael D. Olderbak; Mark J. Olderbak

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

✓ 38593,41512,47959,47961,47960,49658,38742,42812,38741,42976,42974,54924,58074,65510

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

✓ a) Individual, applicant only (no spouse)

b) Partnership, all partners (no spouses)

✓ c) Corporation, manager only (no spouse)

d) Limited Liability Company, manager only (no spouse)

see attached

Name:	Date:	Where:
Andrew Maxey		Kabredlo's Inc.

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ✓ ☒ Lease: expiration date _____
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? August 31, 2009

✓ 15. What will be the main nature of business? Retail Sales of a convenience store

16. What are the anticipated hours of operation? 6 am to 11 pm Monday through Friday; 7am to 11pm Saturday and Sunday

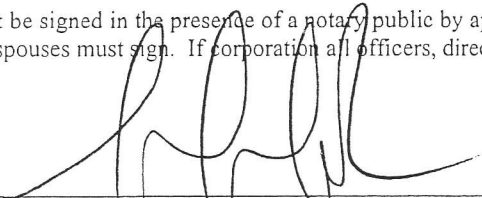
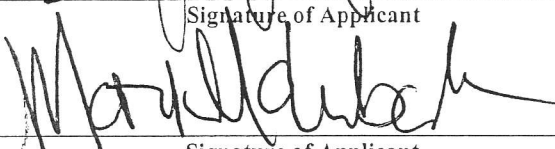
17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

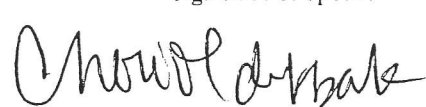
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Michael D. Olderbak, Lincoln, NE	1996	present			
Mark J. Olderbak, Lincoln, NE	1996	2000	Cheri Olderbak, Sioux City, IA	1996	2000
Omaha, NE	2000	2009	Omaha, NE	2000	2009

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.


Signature of Applicant *mike*

Signature of Applicant *mark*

N/A
Signature of Spouse

Signature of Spouse *Cheri*

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

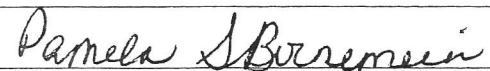
Signature of Applicant

Signature of Spouse

State of Nebraska

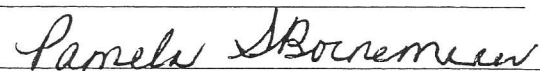
County of Lancaster

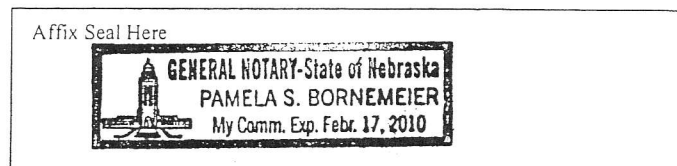
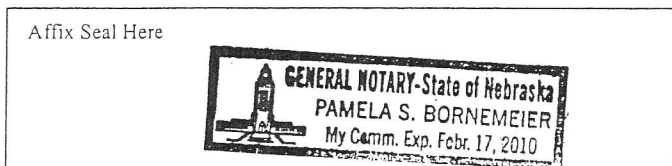
The foregoing instrument was acknowledged before me this 7-8-09 by


Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this 7-8-09 by


Notary Public signature



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

✓ Name of Corporation/LLC: Kabredlo's, Inc.

Premise information

Premise License Number:

(if new application leave blank)

✓ Premise Trade Name/DBA:

Kabredlo's #107

Premise Street Address:

3500 North 48 Street

City:

Lincoln, Nebraska

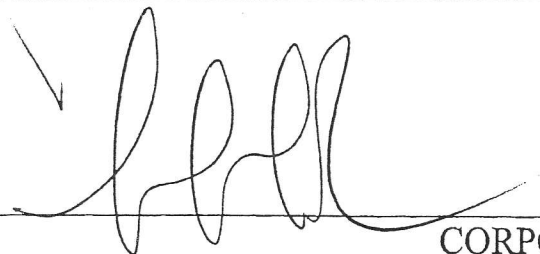
Zip Code:

68504

Premise Phone Number:

(402) 464-6885

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

✓  President, Michael D. Olderbak
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Maxey First Name: Andrew MI: J

Home Address (include PO Box if applicable): 1518 D Street

City: Lincoln State: Nebraska Zip Code: 68502

Home Phone Number: (402) 660-5282 Business Phone Number: (402) 742-9148

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Omaha, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Omaha, Nebraska		05/83 06/09			
Lincoln, Nebraska		06/09 present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
01/03	08/04	B & R Stores (Super Saver)	Luke Rihanek	(402) 720-2000

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

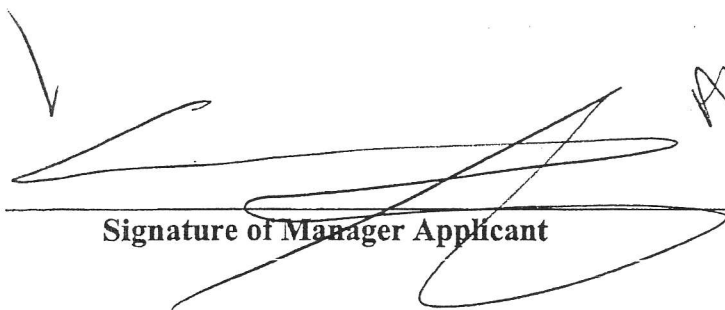
Date:	Where:
See attached sheet #12	Kabredlo's Inc.

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

✓

Signature of Manager Applicant

N/A
Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

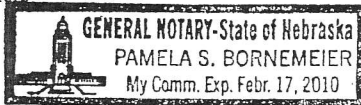
The foregoing instrument was acknowledged before me this 7-8-09 by _____

The foregoing instrument was acknowledged before me this _____ by _____


Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT

Vital Statistics Section

128

CERTIFICATE OF LIVE BIRTH

NTIN
LINK
TION

CHILD - NAME			FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
Andrew Jason Maxey						Male	8-27-83		8:14a
HOSPITAL - NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Year No)			CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH	
Methodist Hospital			Yes			Omaha		Douglas	
I certify that the stated information concerning this child, relative to the best of my knowledge and belief.						DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
So. (Signature) /s/ Bernard Magid, M.D.						5-27-83		M.D.	
CERTIFIER - NAME AND TITLE (Type or print)						MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Bernard Magid, M.D.						8300 Dodge Street, Omaha, Neb. 68114			
REGISTRAR - SIGNATURE						DATE RECEIVED BY REGISTRAR			
Daniel J. Stothung, M.P.H.						JUN 6 1983			
MOTHER - MAIDEN NAME			FIRST	MIDDLE	LAST	AGE (At time of birth)		CITY AND STATE OF BIRTH (If not in U.S., Name Country)	
Donna Marie Johnson						31		Bellevue, Nebraska	
RESIDENCE - STATE			COUNTY		CITY, TOWN, OR LOCATION (If not in U.S., Name Country)		INSIDE CITY LIMITS (Specify Year No)		STREET AND NUMBER
Nebraska			Douglas		Omaha 68106		Yes		4686 Marcy
MOTHER'S MAILING ADDRESS - Enter if not same as residence									
FATHER - NAME						FIRST	MIDDLE	LAST	AGE (At time of birth)
William Lee Maxey									32
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.						RELATION TO CHILD			
(Signature of Parent)						Mother			
12a. (other Information)						Donna Maxey			

This certifies this document to be a true copy of an original record on file with the Omaha-Douglas County Health Department, Vital Statistics Section.

AUG 30 1983

Daniel J. Stothung, M.P.H.

Date Issued

Registrar

OK

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints *On File* (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

✓ Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Michael D. Olderbak

✓ Name of Corporation that will hold license as listed on the Articles

Kabredlo's Inc.

Corporation Address: 2601 West L Street

City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: (402) 742-9148 Fax Number (402) 477-0675

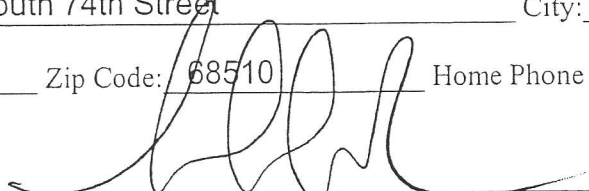
Total Number of Corporation Shares Issued: 400

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Olderbak First Name: Michael MI: D.

Home Address: 2840 South 74th Street City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: (402) 450-4410


Signature of president

State of Nebraska

County of Lincoln

The foregoing instrument was acknowledged before me this

7-8-09

date

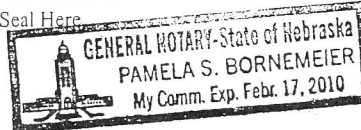
by

name of person acknowledged

Pamela S Bornemeier

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Olderbak First Name: Michael MI: D

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 232

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Signed

*On File
9-22-08*

Last Name: Olderbak First Name: Mark MI: J.

Social Security Number: _____ Date of Birth: _____

Title: Vice President/Secretary Number of Shares 168

Spouse Full Name (indicate N/A if single): Cheri Olderbak

Spouse Social Security Number: _____ Date of Birth: _____

Signed

*On File
9-23-08*

Last Name: Olderbak First Name: Cheri MI: _____

Social Security Number: _____ Date of Birth: _____

Title: N/A Number of Shares 0

Spouse Full Name (indicate N/A if single): Mark J. Olderbak

Spouse Social Security Number _____ Date of Birth: _____

Signed

*On File
10-24-08*

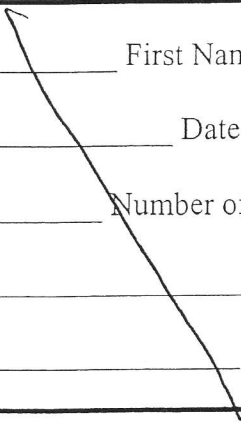
Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____



Is the applying Corporation controlled by another Corporation?

✓

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

✓

Starting Date: July Ending Date: June

Is this a Non-Profit Corporation?

✓

☐ YES

☒ NO

If yes, provide the Federal ID #.
